

EXHIBIT "K"

Photographs Marked at Plaintiff's
Deposition

Photographs Marked at Plaintiff's
Deposition

EXHIBIT "K"

SBARRO HELP DESK

FOR IMMEDIATE ASSISTANCE WITH ALL POS, COMPUTER, NETWORK, AND PHONE TECHNICAL ISSUES, THE ONLY NUMBER TO CALL IS:

1-866-256-4227

NOTE: Write down the case number you get from the Help Desk operator. If you need to escalate the case for additional help, call your DO and provide him / her with the case number.



STANDARD OPERATING POLICIES AND PROCEDURES

Cash Control Addendum - 11.16.15

2.1 Petty Cash
All Petty cash receipts must be received by the accounting department within 30 days of the date of the expense.

The following are allowable uses of petty cash funds:

- Emergency situations provided the DO has approved in advance. VPO approval is required for expenses \$500 or greater.
- Repeat purchases, provided that they are minimal and only used in extreme situations. If needed, only the minimum amount of product should be purchased and ordering should be reviewed to ensure shortages will be corrected.

The following are unacceptable uses of petty cash funds:

- Fixed asset or construction related items.
- Payroll related expenses.
- Recurring charges. Example: Knife sharpening - The vendor should invoice us. Always ask a vendor to invoice rather than paying cash. If a vendor has any issues with invoicing please have them reach out to Accounts Payable. Once Accounts Payable determines that a petty cash expense can be paid via the AP system, petty cash receipts will no longer be accepted.

The following expenses will be charged to a Cash Shortage to the store:

- Any receipts received by Accounting after 30 days.
- Any unapproved petty cash expenses.
- Any purchase of items outside of the supply program.
- No reversals of petty cash write off will be done without the explicit approval of the VPO.

Failure to appropriately handle Petty cash funds and / or Petty Cash receipts may lead to disciplinary action, up to and including termination.

Employee Phone List

May 702-771-6326
Evelyn 702-945-3872
Karla 702-815-4221
Shyde 702-401-1170
Victoria 702-557-6367
Aida 702-337-9755
Shanice 702-931-7230
Cruz 702-762-5580
Estella 214-929-2653
Wira 702-957-9768
Dayton 702-763-0433
Fabiola 702-969-2677
Richie 702-420-4522

STATE OF TEXAS
COUNTY OF DALLAS
CITY OF DALLAS
PERMIT TO SELL ALCOHOLIC BEVERAGES
MUST BE DISPLAYED IN PUBLIC VIEW AT PERMIT LOCATION

Assigned to your Nevada Sales Tax Permit
A single number, the NV Taxpayer Identification Number, identifies a business or other entity for NV sales tax purposes. It is used to identify the business on all tax returns, invoices, and other documents. It is also used to identify the business on the Nevada Sales Tax Permit. The NV Taxpayer Identification Number is assigned to the business by the Nevada Department of Taxation. The NV Taxpayer Identification Number is a unique number that is assigned to the business and is used to identify the business on all tax returns, invoices, and other documents. It is also used to identify the business on the Nevada Sales Tax Permit. The NV Taxpayer Identification Number is a unique number that is assigned to the business and is used to identify the business on all tax returns, invoices, and other documents. It is also used to identify the business on the Nevada Sales Tax Permit.

| DISTRICT OFFICE LOCATION | | | |
|--------------------------|----------------|----------------|----------------|
| City of Dallas | City of Dallas | City of Dallas | City of Dallas |
| City of Dallas | City of Dallas | City of Dallas | City of Dallas |

In the event of an address change, please notify the Department of Taxation immediately in order to direct any correspondence to your new address.

| Lenny's Market | | | |
|--------------------------|-----|---------|--------------|
| Box # 965 | GM | Kevin | 702-335-4000 |
| Box # 273 | GM | Ronald | 702-335-7100 |
| Box # 1064 | GM | Shel | 702-456-1000 |
| Box # 557 | GM | Elvira | 702-456-1000 |
| City Creek # 1044 | GM | Jason | 860-594-1200 |
| Convenience Center # 958 | GM | Norman | 702-940-6000 |
| Box # 1019 | TSM | William | 702-940-6000 |
| Box # 990 | GM | Conly | 860-594-1200 |
| Box # 1072 | TSM | John | 702-478-2600 |
| Box # 740 | GM | Jack | 702-755-8800 |
| Box # 1029 | GM | Brian | 702-347-9600 |
| Casey's Market | | | |
| Box # 930 | GM | | 925-325-8800 |
| Box # 592 | GM | Sam | 925-402-3334 |
| Box # 826 | GM | Carlos | 925-776-7500 |
| Box # 548 | GM | Kevin | 925-488-0770 |
| Box # 623 | GM | Travis | 480-480-1234 |
| Urban Outlets # 1074 | GM | Robert | 502-485-0770 |

EXHIBIT 40
WIT: Perez
DATE: 1/23/20
All-American Court Reporters

EMERGENCY PH

EMPLOYEE RIGHTS

EMPLOYEE POLYGRAPH PROTECTION ACT

THE EMPLOYEE POLYGRAPH PROTECTION ACT PROHIBITS MOST EMPLOYERS FROM USING THE LIE DETECTOR TO SCREEN FOR EMPLOYMENT, INCLUDING FOR THE PURPOSE OF EMPLOYMENT.

EXEMPTIONS

CRIMINAL RECORDS

INVESTIGATION

EMPLOYMENT

1-866-4-USWAGE

WWW.WAGEHOUR.DOL.GOV

A Division of Nevada Equal Rights Commission

1420 East Delaware
Suite 200
(702) 486-7161

Las Vegas, NV 89102

1075 E. Flamingo Ave.
Suite 100
(775) 823-6690

★ *Nevada Nevada*

★ *Star Spangled Banner*

★ *Star Spangled Banner*

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Nevada Equal Rights Commission

NEVADA LAW PROHIBITS DISCRIMINATION

Employers may not discriminate based on race, color, national origin, age (40+), sex (including pregnancy), religion, disability, sexual orientation, gender information, or gender identity or expression.

Having discrimination is prohibited based on race, color, national origin, sex, religion, disability, ancestry, familial status, sexual orientation, or gender identity or expression.

Businesses offering services to the public may not discriminate based on race, color, national origin, sex, religion, disability, sexual orientation or gender identity or expression.

Persons who believe they have been discriminated against in employment, public accommodations or housing, may file a complaint with the Nevada Equal Rights Commission.

An equal opportunity organization

Antidiscrimination laws and remedies apply only to individuals with disabilities.

Phone 775 or 800.368.6660

www.nvder.org

[illegible][illegible]

PAY DAY NOTICE

PAY DAY IS ON:

☐ MONDAY ☐ FRIDAY

☐ TUESDAY ☐ SATURDAY

☐ WEDNESDAY ☐ SUNDAY

☐ THURSDAY

PAY SCHEDULE IS:

☐ WEEKLY ☐ SEM-MONTHLY

☐ BIWEEKLY ☐ MONTHLY

☐ _____

PAYCHECKS ARE ISSUED ON THE:

AT _____ AND _____ OF THE MONTH

TIME _____

STATE AND FEDERAL LABOR LAW

EMERGENCY PHONE NUMBERS

FOR

(Provide the Locations of The Women's Locusts)

Physicians: _____

Hospitals: _____

Ambulances: 911 or _____

Fire Department: 911 or _____

Police: 911 or _____

PLEASE PRINT IN A CONSPICUOUS LOCATION, IN ACCORDANCE
WITH THE NATIONAL OCCUPATIONAL SAFETY AND HEALTH ACT

The collage consists of several overlapping newspaper clippings. At the top, a clipping from 'The New York Times' is visible, with the headline 'Hawaii KIDNA Enforcement' and sub-headline 'Division of Industrial Relations'. Below this, another clipping from 'The New York Times' is partially visible, with the headline 'Hawaii Department of Business and Industry'. The central and largest clipping is from 'THE LAW', which features a prominent headline 'THE LAW' in bold, capital letters. Below this headline, there is a large block of text, which appears to be a legal notice or a court decision. To the left of this central clipping, there are several smaller clippings, some of which are partially obscured. One of these clippings has a headline that reads 'THE NEW YORK TIMES'. Another clipping to the right of the central one has a headline that reads 'THE NEW YORK TIMES'. The overall appearance is that of a collection of news items related to legal and business topics, specifically focusing on Hawaii and the Department of Business and Industry.

EMPLOYEE RIGHTS
UNDER THE FAIR LABOR STANDARDS ACT

FEDERAL MINIMUM WAGE
\$7.25

1-866-4-USWAGE
WWW.WAGEHOUR.DOL.GOV

[illegible][illegible]

Attention Nevada Employers
Re: Workers' Compensation

It is your responsibility as a Nevada employer to post the mandatory Workers' Compensation poster. This can be obtained by contacting your Workers' Compensation insurance carrier.

[illegible]

THREATS OF VIOLENCE

911 IMMEDIATELY IF YOU

Witness a crime.

Are told a crime has happened.

Think a crime is about to happen, including a fight.

See someone being disruptive to customers or employees.

See suspicious or illegal activity.

CONTACT YOUR DIRECTOR OF OPERATIONS FOR FURTHER INSTRUCTIONS



PEREZ 000093



Cash Control Addendum – 11.16.15

Failure to appropriately handle Petty cash funds and / or Petty Cash receipts may lead to disciplinary action, up to and including termination.

bie 702-420-4522

PEREZ 000096

DISTRICT OFFICE LOCATIONS

| | |
|-----------|--------------|
| Kevin Kim | 702-585-8115 |
| Ronald | 523-293-7301 |
| Shel | 702-836-8382 |
| Ethra | 702-836-5105 |
| Jason | 801-936-2243 |
| Herman | 702-985-6866 |
| Nelson | 310-391-6400 |
| Cody | 801-262-6544 |
| Tim | 702-434-6162 |
| John | 702-478-2622 |
| Zack | 702-735-8820 |
| Brian | 702-247-9635 |

Harry's Market

| |
|--------------|
| 505-525-8455 |
| 523-412-8594 |
| 915-778-7356 |
| 505-880-0772 |
| 480-981-5153 |
| 529-485-0720 |

CLARK COUNTY BUSINESS LICENSE

ISSUED TO: [Name]

EXPIRATION DATE: [Date]

CLARK COUNTY BUSINESS LICENSE

ISSUED TO: [Name]

EXPIRATION DATE: [Date]

Important Number

Bally's Security
967-4481

702-745-3111

Pepsi Bev

Dear Valued Customer,

We are pleased to welcome you to our business. We are committed to providing you the best working relationship with you and your promotional opportunities and sales access to your sales history are all yours.

Your Customer Number is 338475. Should you need to reach us, please follow the prompts. As a valued Pepsi customer, we will continue to call your local sales representative for your business.

Wedding Requests Off (Please)

Alda
Shanice
Amber
Evelyn
Karla
Wina

April 15, 2017 (S) 16 off

11 voice

Rich used off March 14 Please

EMERGENCY PHONE NUMBERS

| | | |
|--------------------------|------------|-----|
| DIRECTOR OF OPERATIONS | CELL PHONE | () |
| REGIONAL VICE PRESIDENT | CELL PHONE | () |
| HUMAN RESOURCES DIRECTOR | CELL PHONE | () |
| CORPORATE OFFICE | MAIN PHONE | () |
| UTILITY COMPANY | MAIN PHONE | () |
| WATER COMPANY | MAIN PHONE | () |
| GAS COMPANY | MAIN PHONE | () |

EMERGENCY PHONE NUMBERS

PROTESTING ACTIVITY

OF VIOLENCE

FOOD SAFETY AND PEST ACTIVITY ESCALATION PROCESS

| | |
|--|---|
| All Health Inspections must be sent via e-mail to the DO before the end of the shift. If the restaurant receives a HEALTH DEPARTMENT VIOLATION | If an employee, vendor or customer discovers ANY PEST ACTIVITY |
| MANAGER ON DUTY CALLS DO IMMEDIATELY | MANAGER ON DUTY CALLS ORION AT 800-243-1866, THEN CALLS DO |
| DO and GM create an ACTION PLAN | DO CALLS VPO AND VP, SUPPLY CHAIN IMMEDIATELY |
| DO FOLLOWS UP within 48 hours to ensure completion | ACTION PLAN created by DO, VPO and VP, Supply Chain |
| If Action Plan is not complete DO CALLS VPO | VPO CONTACTS SR. LEADERSHIP TEAM to explain the issue and steps being taken |

State of Nevada
DEPARTMENT OF BUSINESS & INDUSTRY
DIVISION OF INDUSTRIAL RELATIONS
Workers' Compensation Section

ATTENTION

Brief Description of Your Rights and Benefits If You Are Injured on the Job or have an Occupational Disease

Notice of Injury or Occupational Disease (Incident Report Form C-1)
If an injury or occupational disease (OD) arises out of and in the course of employment, you must provide written notice to your employer as soon as practicable, but no later than 7 days after the accident or OD. Your employer shall maintain a sufficient supply of the forms.

Claim for Compensation (Form C-4): If medical treatment is sought, the form C-4 is available at the place of initial treatment. A completed "Claim for Compensation" (Form C-4) must be filed within 90 days after an accident or OD. The treating physician or chiropractor must, within 3 working days after treatment, complete and mail to the employer, the employer's insurer and third-party administrator, the Claim for Compensation.

Medical Treatment: If you require medical treatment for your on-the-job injury or OD, you may be required to select a physician or chiropractor from a list provided by your workers' compensation insurer, if it has contracted with an Organization for Managed Care (MCO) or Preferred Provider Organization (PPO) or providers of health care. If your employer has not entered into a contract with an MCO or PPO, you may select a physician or chiropractor from the Panel of Physicians and Chiropractors. Any medical costs related to your industrial injury or OD will be paid by your insurer.

Temporary Total Disability (TTD): If your doctor has certified that you are unable to work for a period of at least 5 consecutive days, or 5 cumulative days in a 20-day period, or places restrictions on you that your employer does not accommodate, you may be entitled to TTD compensation.

Temporary Partial Disability (TPD): If the wage you receive upon reemployment is less than the compensation for TTD to which you are entitled, the insurer may be required to pay you TPD compensation to make up the difference. TPD can only be paid for a maximum of 24 months.

Permanent Partial Disability (PPD): When your medical condition is stable and there is an indication of a PPD as a result of your injury or OD, within 30 days, your insurer must arrange for an evaluation by a rating physician or chiropractor to determine the degree of your PPD. The amount of your PPD award depends on the date of injury, the results of the PPD evaluation and your age and wage.

Permanent Total Disability (PTD): If you are medically certified by a treating physician or chiropractor as permanently and totally disabled and have been granted a PTD status by your insurer, you are entitled to receive monthly benefits not to exceed 66 2/3% of your average monthly wage. The amount of your PTD payments is subject to reduction if you previously received a PPD award.

Vocational Rehabilitation Services: You may be eligible for vocational rehabilitation services if you are unable to return to the job due to a permanent physical impairment or permanent restrictions as a result of your injury or occupational disease.

Transportation and Per Diem Reimbursement: You may be eligible for travel expenses and per diem associated with medical treatment.

Reopening: You may be able to reopen your claim if your condition worsens after claim closure.

Appeal Process: If you disagree with a written determination issued by the insurer or the insurer does not respond to your request, you may appeal to the **Department of Administration, Hearing Officer**, by appeal to the **Department of Administration, Appeals Officer**. You must appeal the determination within 70 days from the date of the determination letter at 1050 E. William Street, Suite 400, Carson City, Nevada 89701, or 2200 S. Rancho Drive, Suite 210, Las Vegas, Nevada 89102. If you disagree with the Hearing Officer decision, you may appeal to the **Department of Administration, Appeals Officer**. You must file your appeal within 30 days from the date of the Hearing Officer decision letter at 1050 E. William Street, Suite 450, Carson City, Nevada 89701, or 2200 S. Rancho Drive, Suite 220, Las Vegas, Nevada 89102. If you disagree with a decision of an Appeals Officer, you may file a **petition for judicial review with the District Court**. You must do so within 30 days of the Appeal Officer's decision. You may be represented by an attorney at your own expense or you may contact the NAIW for possible representation.

Nevada Attorney for Injured Workers (NAIW): If you disagree with a hearing officer decision, you may request that NAIW represent you without charge at an Appeals Officer hearing. NAIW is an independent state agency and is not affiliated with any insurer. For information regarding denial of benefits, you may contact the NAIW at: 1000 E. William Street, Suite 208, Carson City, NV 89701, (775) 684-7555, or 2200 S. Rancho Drive, Suite 230, Las Vegas, NV 89102, (702) 486-2830.

To File a Complaint with the Division: If you wish to file a complaint with the Administrator of the Division of Industrial Relations (DIR), please contact Workers' Compensation Section, 400 West King Street, Suite 400, Carson City, Nevada 89703, telephone (775) 684-7270, or 1301 North Green Valley Parkway, Suite 200, Henderson, Nevada 89074, telephone (702) 486-9080.

For Assistance with Workers' Compensation Issues: You may contact the Office of the Governor Consumer Health Assistance, 555 E. Washington Avenue, Suite 4800, Las Vegas, Nevada 89101, Toll Free 1-888-333-1597. Web site: <http://govcha.state.nv.us>, E-mail: cha@govcha.state.nv.us

The information in this publication is derived from Chapters 616A and 617 of the Nevada Revised Statutes and is provided for informational purposes only. If you have any questions, regarding your injury or workers' compensation claim, please call the following:

Insurer/Administrator: TRUMBULL INSURANCE COMPANY Contact Person: _____
Address: _____ Telephone Number: 800-327-3636
City State Zip
MCO/Health Care Provider: _____ Contact Person: _____
Address: _____ Telephone Number: _____
City State Zip

Form WC 88 27 00 F Printed in U.S.A.

D-1 (rev. 10/07)

Claims handled by Hartford Claims

EXHIBIT 45
WIT: Perez
DATE: 1/23/20
All-American Court Reporters

PEREZ 000098

discuss the pr
call their local

CONTACT INFO

SBARRO CORPORATE OFFICE
800.766.4949

DIGITAL COMMENT CARD
CommentCard.TellSbarro.com

HR STAFF MEMBER,
SHONTYL SHUPPS
937.469.4272

HR STAFF MEMBER,
DANA DORADO
720.937.5808



PEREZ 000099